

# WEBINAR

# WEDNESDAYS



**Wednesday, October 13, 2020**

## **SEXUAL ASSAULT INVESTIGATIONS**

Presented by:

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&

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Distributed by:

ARIZONA PROSECUTING ATTORNEYS' ADVISORY COUNCIL  
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EXECUTIVE DIRECTOR

**Forensic Nursing: Role of the Forensic Nurse Examiner in Caring for the Forensic Patient**

**Samantha Mendez, MPH, RN, SANE-A**  
**Forensic Nurse Educator, Forensic Nurse Examiner**

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**SENSITIVE CONTENT**

Discussion of domestic and sexual violence.

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**What is the most important**

- Go to [www.menti.com](https://www.menti.com) and use the code 60 72 61 7

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## Statistics

- Over 1 in 3 women and nearly 1 in 4 men experience sexual violence involving physical contact
- 1 in 5 women and 1 in 13 men have experienced sexual abuse as a child
- 1 in 4 women and 1 in 9 men experience intimate partner violence
- Average age of entry into sex trade in Arizona: 14

([CDC.gov](https://www.cdc.gov); National Coalition Against Domestic Violence; AZ Attorney General)

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What is the most important role of a forensic nurse examiner?

- Go to [www.menti.com](https://www.menti.com) and use the code 60 72 61 7

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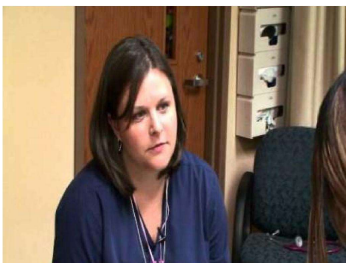
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What is a Forensic Nurse?



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## What is a forensic nurse?

- A nurse who provides specialized care for patients who are victims and/or perpetrators of trauma.
- Specialized knowledge of the legal system, injury identification, evaluation, and documentation
- **After attending to a patient's immediate medical needs,** a forensic nurse often collects evidence, provides medical testimony in court, and consults with legal authorities.

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## Becoming a Forensic Nurse Examiner

RN Education  
& License

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Nursing  
ExperienceSpecialized  
FNE Training

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## Forensic Nurse Examiner Training

- Sexual Assault Nurse Examiner- Adult/Adolescent
- Sexual Assault Nurse Examiner- Pediatric
- Intimate Partner Violence
- Clinical Skills
- Preceptorship
- Ongoing Education
- Certification (SANE-A, SANE-P)

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## Forensic Nursing in Maricopa County



25 forensic nurse examiners  
(FNE)



24/7 coverage throughout  
Maricopa County with a 1  
hour response time



Care of patients who have  
experienced interpersonal  
violence



Examinations provided at no  
cost to the patient

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## Forensic Patients

- Sexual Assault
- Sexual Abuse
- Sex Trafficking
- Child Abuse
- Elder Abuse
- Domestic Violence/Intimate Partner Violence

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## VAWA Examinations

- Non-report examinations
- Sex assault examinations without law  
enforcements involvement



National Domestic Violence Hotline

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## Medical-Forensic Exam Referrals

- Patient Reports Sexual Assault
  - Hospital
  - Law Enforcement
  - Crisis Lines (RAINN/National Sexual Assault Hotline)
  - Primary Care Physician
  - School Counselor or Clinic

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## Family Advocacy Center

- Advocacy center versus hospital-based exam



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## Role of the Forensic Nurse Examiner

Medical  
assessmentMedical  
treatmentEvidence  
collection

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## The Medical-Forensic Examination

- Trauma-informed care
- Informed Consent
- History
- Physical Examination
- Evidence Collection
- Injury Documentation and Photography
- Sexually Transmitted Infection (STI)/Pregnancy Prophylaxis
- Safety Planning
- Collaboration with Community Resources

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## Trauma-informed care

- Compassion and sensitivity
- Understanding of the physical, emotional, and mental impacts of trauma
- Empowerment
- Avoiding re-traumatization or secondary trauma

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## Informed Consent

- Go to [www.menti.com](https://www.menti.com) and use the code 60 72 61 7

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## History Taking

- **Patient's own language**
- Begins with an open-ended narrative and ends with more detailed questionnaire
- Includes only pertinent, medically relevant information

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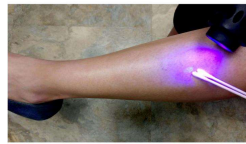
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Go to [www.menti.com](https://www.menti.com) and use the code 60 72 61 7

## Physical Examination: "It's normal to be normal"

- Alternate Light Source (ALS) +/-
- Physical injury & Genital Injury
  - Petechiae
  - Lacerations
  - Contusions
  - Abrasions
  - Healed Injury
  - Patterned Injury



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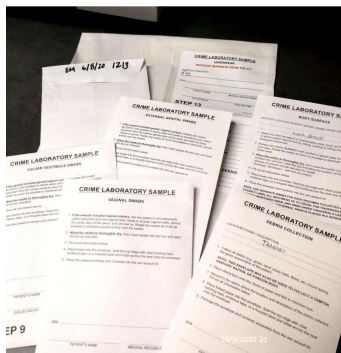
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## Evidence Collection

- Guided by patient history of assault
- Standard swabs collected for unknown or suspected assault and/or drug-facilitated sexual assault (DFSA)



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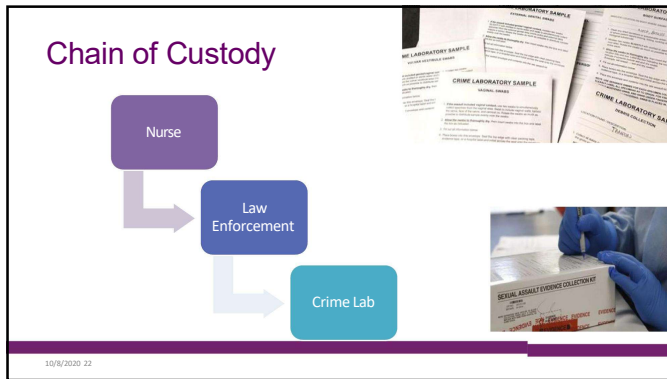
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### Testifying

- Pre-trial meeting/discussion
- Practicing as a FNE versus SANE certification
- FNE role and exam process
- Pounds of pressure literature and research
- Interpretation of symptoms and injuries (or lack of injury)

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### Case Study #1

- The nurse receives a page at approximately 0500 by Scottsdale PD for a sexual assault examination for a 23 year-old female
- Patient interviewed by detective prior to medical-forensic exam
- Patient worked with Scottsdale Victim Advocate who briefed the patient on examination process

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## History

- Unremarkable past medical history
- Drug/alcohol use prior to assault
- Unknown vaccination history

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## History of Assault

- Penile/vaginal penetration
- Penile/anal penetration
- Digital/anal penetration
- Fellatio
- Strangulation
- **Threats: "He told me he'd kill me."**
- **Weapon: "Knife"**

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## History Relevant to Assault

- Urinated x1
- Blood on clothing
- Anorectal pain and bleeding
- Abdominal cramping
- Last sexual encounter 2 days prior
  - No condom
  - Penile/vaginal
  - Fellatio

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## Injuries

Injury #	Injury Type	Injured Area	Injury Description - (Measurements should be in centimeters. No trailing zeros)
1	P	Mouth	multiple, red present at 12o clock at back of mouth
2	A	Chest	5.5cm linear, red present to right shoulder and chest
3	P	Back	2.2cmx4cm multiple scattered, red present to right posterior shoulder/back
4	A	Lower Extremities	7cm linear brown with pink edges present to right lateral thigh
5	A	Lower Extremities	15.3cm, two horizontal linear pink present to right anterior thigh
6	CN	Lower Extremities	2.5cmx4cm irregular, light brown with yellow halo present to right anterior shin
7	CN, A	Lower Extremities	9cmx2.5cm irregular, light brown, with white broken skin at upper edge present to right lower shin "he had my legs against the counter"
8	CN	Lower Extremities	2.5cmx2cm light blue, round present to left shin
9	A	Lower Extremities	5.5cmx3.2cm irregular, red present to left lower extremity below knee
10	CN	Lower Extremities	6.8cmx4cm light brown irregular present to right lateral lower extremity
11	CN, A	Lower Extremities	13.5cmx14cm irregular, purple, maroon blue, with scattered brown scabbing and dried exudate "old, from falling off a golf cart"
12	L	Anus	multiple, irregular open, red present from 10oclock to 11oclock on anus
13	O	Cervix	white, round, raised papule present from 12oclock to 1 oclock on cervix

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## Aftercare

- Shower, new clothes, food and water
- STI and pregnancy prophylaxis
- Collaboration to determine discharge needs
  - Housing/Shelter
  - Drug Cessation



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## Multi-disciplinary Team Collaboration

- FNE collaboration with Scottsdale detective
  - Patient had not made disclosure of strangulation in detective interview
- Victim Advocate
  - Disclosure of prostitution during examination

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### Suspect Examinations



Court-Ordered Unbiased medical care and  
evidence collection

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### Case Study #2

- Nurse receives a page for a 17-year-old female strangled by guardian
- Patient NOT interviewed by detective prior to medical-forensic exam
- DCS notified by patrol officer who transported patient to advocacy center

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### History

- Patient disclosed several accounts of abuse including physical abuse with foreign object and strangulation within previous 24 hours of examination
- Disclosed previously unreported sexual abuse at the age of 5 by a family member

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### Physical Exam

- No injuries to neck and face
- Contusions to lower extremities
- **“Cigarette burn” scars**
- Normal genital exam



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### Case Study #3

- Nurse receives a page for 15-year-old female who had run away from group home and reported forced oral penetration and strangulation by a stranger
- Patient interviewed by detective prior to exam

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### History

- Patient reported oral penetration and strangulation to the nurse
- Drug/Alcohol use prior to assault
- Reported running away from group home several times
- Patient also made several concerning statements for sex trafficking

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### Physical Exam and Evidence Collection

- Denied blood and urine collection for toxicology
- Abrasions and contusions to neck noted
- Oral, buccal, circumoral, and neck swabs collected



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### Aftercare and Follow-up

- DCS notified
- Referral made to Mercy Care Human Trafficking Project
  - Patient and additional group home member identified as being at-risk for trafficking and subsequently made disclosures

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### Key Points

- Patients have the right to choice.
- Collaboration is essential to care.
- A forensic nurse cannot:
  - **Determine whether an assault has occurred or “prove” that an assault has happened**
  - Inform law enforcement on how to prosecute

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